

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 4-30-99

2 Serial/Patent # 09/271762

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

X Other SURCHARGE

\$ 130

7 TOTAL AMOUNT
OF REFUND

\$ 130

8 TO BE REFUNDED BY:

10 REASON:

Overpayment

Duplicate Payment

X No Fee Due (Explanation):

Treasury Check

Credit Deposit A/C #:

06--1910

INCOMPLETE APPLN REQUIRES NO SURCHARGE

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE:

SIGNATURE:

PHONE:

OFFICE:

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED:

DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: